



CENTRAL VALLEY PUMP, INC.
EMPLOYMENT APPLICATION

I. Personal Information

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: () _____ Cell Phone: () _____

Email Address: _____

- If hired, can you provide proof that you are legally able to work in the United States?
Yes ___ No ___

- How were you referred to us?
Advertisement ___ Referral ___ Employment Agency ___ Walk-In ___ Other ___

- Have you ever been convicted of a criminal offense (felony or misdemeanor)? *Note: An affirmative answer will not necessarily result in disqualification for employment:*
Yes ___ No ___

If yes, please state nature of offense(s), date(s), city, state and disposition of the offense:

Employment

- Position Desired: _____

- Wage Desired: _____

- What days and hours are you available for work?

- Are you available to work overtime?

Yes___ No___

- Are you over 18 years of age?

Yes___ No___

If you are under 18 years of age, can you provide a work permit?

Yes___ No___

- When are you available to begin work? _____

III. Skills

- Are you able to operate a personal computer?

Yes___ No___

If yes, what types of computer software do you have proficiency in?

List any other office machines you can operate:

- What knowledge, special skills and/or individual capabilities do you have which especially prepare you for the position applied for?

IV. Education

- High School or Trade School

Name & City of School: _____

Number of Years Completed: _____

Did you graduate?

Yes___ No___

Degree(s) or Diploma(s): _____

Major Field(s) of Study: _____

▪ College or University

Name & City of School: _____

Number of Years Completed: _____

Did you graduate?

Yes___ No___

Degree(s) or Diploma(s): _____

Major Field(s) of Study: _____

V. Employment History

Please account for all employment within the last three (3) years, beginning with your current or more recent employer.

▪ Positions Held

Company Name: _____

Company Address: _____

Company Telephone Number: (____) _____

Dates Employed: From: _____ To: _____

Salary: _____

Job Title: _____

Hours and Days Worked: _____

Supervisor: _____

Is this your current employer?

Yes___ No___

May we contact this employer?

Yes___ No___

Specific Job Duties:

Reason for Leaving: _____

▪ Positions Held

Company Name: _____

Company Address: _____

Company Telephone Number: (____) _____

Dates Employed: From: _____ To: _____

Salary: _____

Job Title: _____

Hours and Days Worked: _____

Supervisor: _____

Is this your current employer?

Yes ___ No ___

May we contact this employer?

Yes ___ No ___

Specific Job Duties:

Reason for Leaving: _____

▪ Positions Held

Company Name: _____

Company Address: _____

Telephone Number: (____) _____

Dates Employed: From: _____ To: _____

Salary: _____

Job Title: _____

Hours and Days Worked: _____

Supervisor: _____

Is this your current employer?

Yes ___ No ___

May we contact this employer?

Yes ___ No ___

Specific Job Duties:

Reason for Leaving: _____

VI. Military Service

- Have you obtained any special skills or abilities as the result of services in the military?
Yes ___ No ___

If yes, please describe:

VII. Personal References

Please list at least three (3) persons NOT related to you who have known you for at least five (5) years.

- Name of Reference #1: _____
- Address: _____
- Telephone Number: (____) _____

- Name of Reference #2: _____
- Address: _____
- Telephone Number: (____) _____

- Name of Reference #3: _____
- Address: _____
- Telephone Number: (____) _____

APPLICANT'S STATEMENT

(Initial each numbered item as read)

1. _____ The information that I have provided on this application is accurate to the best of my knowledge and may be verified by Central Valley Pump, Inc. or its agents.
2. _____ I authorize all the schools, persons and organizations named in this application to provide any relevant information in their possession or knowledge to the agents of Central Valley Pump, Inc., for use in deciding whether or not to offer me employment and specifically waive any required written notification. I hereby release Central Valley Pump, Inc., my former employers and all other persons from any and all claims, demands, or liabilities arising out of or in any way related to such inquiry or disclosure.
3. _____ I understand that Central Valley Pump, Inc. is committed to maintaining a drug and alcohol free work place. Accordingly, I may be subject to a pre-employment blood test, urinalysis or other drug/alcohol screening. I further understand that if employed, I may be subject to such a drug and alcohol screening if the Central Valley Pump, Inc. has reasonable suspicion to believe that I am under the influence of a drug or alcohol. My consent to submit to such a test is required as a condition of employment and my refusal to consent shall result in a refusal to hire or, if already employed, termination.
4. _____ I understand and agree that any misrepresentation or omission of facts in this application will be justification for refusal or termination of employment, regardless of the time elapsed before discovery.
5. _____ I understand and agree that the employment for which I am applying for is at-will and such employment may be terminated at any time with or without cause, without prior notice, by either myself or Central Valley Pump, Inc.. There will be no agreement, express or implied between Central Valley Pump, Inc. and me for any specific period of employment, nor for continuing or long term employment, unless made in writing, signed by an authorized representative of Central Valley Pump, Inc..
6. _____ I have placed my signature in the space provided below only after I have completed the entire application to the best of my ability and have carefully read the statements above.

Applicant Name: _____

Applicant Signature: _____

Date: _____

If hired, it is understood that my job position requires me to drive a company owned vehicle.

I understand that the insurance company writing your automobile insurance requires a copy of my current driving record to assess my insurability. I understand I have the right to see a copy of the Motor Vehicle Report.

I also understand that my employer will be provided a copy of my Motor Vehicle Report and has the right to review it.

By this letter I hereby authorize the insurance company and/or its agent to obtain the necessary motor vehicle records.

Printed Driver's Name

Signature

Driver's License # State DOB

Date